

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13025

State File No. \_\_\_\_\_

FILED MAR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 45

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Nevada</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Nevada</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 South Cedar</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>320 South Cedar</u>  |  |

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Cahill</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 13 1953</u> |   |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>February 23 1882</u>                      | 9. AGE (In years last birthday) <u>71</u> | 10. UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>             |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>             |   |  |
| 11a. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>   |                               |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                    |   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>David Cahill</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Sofia Gilpin</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Jessie Cahill</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>None</u>           |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Cahill</u> ADDRESS <u>320 South Cedar Nevada, Missouri</u> |  |

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, left</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u> |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Hypertensive heart disease</u>   |  |   |
|   | DUE TO (c) _____  |  |   |
|   | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION <u>None</u>                    |  | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____                            |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____   |  |

22. I hereby certify that I attended the deceased from May 19, 1950, to Mar. 13, 1953, that I last saw the deceased alive on Mar. 10th, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____            |  | 23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>            |  | 23c. DATE SIGNED <u>Mar. 16 1953</u>                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>              |  | 24b. DATE <u>March 16 1953</u>                             |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u> |  | ADDRESS <u>Nevada, Mo.</u>                                   |  |
| DATE REC'D BY LOCAL REG. <u>3-20-53</u>                              |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>                   |  | (Licensed Embalmer's Statement on Reverse Side)              |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1082  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1768

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.